Name in Full

Certificate of Death

Matilda Albaugh

Died at Town: Frederick County: Frederick MARYLAND

Date 189 9 Month: Dec. Day: 29 | Age Y. 79. M. 11. D. 14 | Native of Frederick | Occupation 1

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living ———

Husband / Wife of ———

Father's Name Absolem Albaugh | Mother's Name Rebecca Rice

Cause of Death: Primary Grippe 9 | How long sick 3 days

Immediate Cardiac Asthenia | ~~Accident, Suicide, Homicide~~

Reported by Sabrer

Address 17 E 2nd St Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65988

Name in Full

Certificate of Death

Mary M Barr

Town

County

Died at Frederick

MARYLAND

Date 1891	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	12	27		75	—	—	Md	

~~Male~~ Female | White | Colored | ~~Married~~ Single | Widow | Widower | Divorced | Number of children living

Husband of

Wife

Father's Name Wm Barr

Mother's Name Harriet Mauly

Cause of Death — Primary: Heart failure — How long sick: one week

Immediate: 1554 — Accident, Suicide, Homicide

Reported by Dr. H. C. Fotheron

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Mt Olivet
Dec 29
to be buried

Name In Full Ralph Grayson Beachley

Certificate of Death

Died at Town: Bolivar County: Frederick MARYLAND

Date 1899 Month: Dec Day: 6 | Age Y. 27 M. D. | Native of Fred Co | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Lud W. Beachley | Mother's Name Marietta Linville

Cause of Death — Primary: Ty Phd. Mar Fever 1 | How long sick: Two weeks

Immediate: Perforation

Accident, Suicide, Homicide

Reported by Austin Lamar M. D.

Address Middletown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Euphrosina Brown —

Town

Died at Frederick

County

MARYLAND

	Month	Day		Y.	M.	D.		
Data 1899.	12.	7	Age	55	x	x	Native of U.S.	Occupation [redacted] x x

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ Widowed Number of children living

Husband of x x x x

Wife

Father's Name x x x x x x

Mother's Name x x x x

Cause of Death — Primary: —

Immediate: Asthma. 153

How long sick 3 mo.

Accident, Suicide, ~~Homicide~~

Reported by Franklin Buchanan Smith

Address Frederick — [redacted] Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7980R

Name In Full

Certificate of Death

Leonard Brown

Died at Town Pleasant Valley County Frederick MARYLAND

Date 189 Month 12 Day 28 | Age Y. 6 M. 3 D. 0 | Native of — | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living —

Husband of —
Wife

Father's Name Adam Brown | Mother's Name —

Cause of Death: Primary Pneumonia | How long sick two weeks

Immediate — | Accident, Suicide, Homicide

Reported by James Grove

Address Groveville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70618

Attended by Dr. A. J. Smith

of Nokesville Md.

Seen by Coroner

of

Information contained in this certificate received from Calvin Shroyer

of Pleasant Walk Md.

Name In Full Infant Crouse

Certificate of Death

Died at Town Near Woodsboro County Frederick MARYLAND

Date 1899 Month dec Day 7 | Age Y. M. D. | Native of Md | ~~Occupation~~

~~Male~~ ~~Female~~ | ~~White~~ ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name John Crouse Mother's Name Alice Shank

Cause of Death ~~Primary~~ ~~Immediate~~ Born dead Still | How long sick

Accident, Suicide, Homicide

Reported by D. A. Sharetts

Address Woodsboro Md Undertaker D. A. Sharetts

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

E. N. Goldsboro
Walkerville
Ind R. 20. 2nd

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from D. F. Sharetts

of Woodsboro. Ind

Name in Full

Elizabeth Fout.

Certificate of Death

Died at Frederick (Town) Frederick (County) MARYLAND

Date 1899 Month 12 Day 20 | Age Y. 77 M. — D. — | Native of Germany | Occupation Housekeeper.

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | ~~Widower~~ | ~~Divorced~~ | Number of children living Nine

~~Husband~~ Wife of Henry Fout

Father's Name Unknown

Mother's Name Unknown

Cause of Death { Primary Cerebro-Spinal Fever. How long sick about 3 Months.

Immediate Exhaustion. 396

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H. G. Etzendanner M.D.

Address Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

George W. Garber

Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 189 9 Month Dec Day 16 | Age Y. 22 M. 3 D. 16 | Native of American | Occupation Laborer

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband / Wife of

Father's Name Jacob Garber

Mother's Name Emma V. Garber

Cause of Death — Primary Typhoid Fever — How long sick 9 months

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by A. G. Horine M.D.

Address Brunswick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Received 12-1699
7:30 a.m

Name in Full

Certificate of Death

Jessie M. Glessner,

Died at Town: Frederick, County: Frederick, MARYLAND

Date 189 Month: Dec. Day: 13 | Age Y. 4 M. 8 D. 13 | Native of Maryland | Occupation none

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 86

Husband / Wife of

Father's Name Richard Glessner | Mother's Name Barrick

Cause of Death: Primary Pseudo-Membranous Croup | How long sick 3 Days

Immediate Apnoea | ~~Accident, Suicide, Homicide~~

Reported by L. N. Hellman M.D.

Address Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55 F 8

Name in Full Amanda Hoke — Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 189 Month 12 Day 3 | Age Y. 6 M. 10 D. 25 | Native of Frederick | Occupation X

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living

Husband of
Wife

Father's Name W. H. Hoke | Mother's Name Fannie Hoke

Cause of Death — Primary Exhaustion 8a | How long sick 6 days

Immediate Paralysis of Heart | Accident, Suicide, Homicide

Reported by Dr. Lothrop

Address 405 S. Market [illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Comfort James

Died at Town Frederick County Frederick MARYLAND

Date 189 Month 12 Day 4 | Age Y. 74 M. 11 D. | Native of Md | Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living Two

~~Husband~~

Wife

Father's Name —

Mother's Name —

Cause of Death: Primary Apoplexy 42 — How long sick 12 hours

Immediate

~~Accident, Suicide, Homicide~~

Reported by Dr Wm Schley

Address Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Howard Jones

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 189 9 Month 12 Day 16 Age Y. 10 M. 10 D. X Native of Frederick Occupation X

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single Widow, Widower Divorced ~~Number of children living~~

Husband Wife of X X X X X

Father's Name George Jones Mother's Name Anna Jones

Cause of Death: Primary Acute Meningitis How long sick 14 days

Immediate Ex Fracture 39 C Accident, Suicide, Homicide

Reported by W. A. Long

Address 402 S. Franklin Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John Wolfgang Koch

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 189 9 Month 12 Day 29 | Age Y. 80 M. D. | Native of Germany | Occupation Butcher

~~Male~~ White Married Widow ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower Number of children living 3

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary Old age 141 How long sick Few months

Immediate Heart failure

~~Accident, Suicide, Homicide~~

Reported by Dr Wm Crawford Johnson

Address Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full John Lathgell

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month Oct. Day 17 Age Y. 73 M. D. Native of Md Occupation Laborer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband of
Wife

Father's Name

Mother's Name 220

Cause of Death: Primary Tuberculous Pleurisy — How long sick 3 months

Immediate Pulmonary hemorrhage — ~~Accident, Suicide, Homicide~~

Reported by Frank D. Hedges M. D.

Address 7. Market St. Frederick,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full

Certificate of Death

William Ervin Marken

Died at Town Wolfsville County Frederick MARYLAND

Date 1899 Month Dec. Day 17 | Age Y. 29 M. 10 D. 18 | Native of Wolfsville | Occupation Cripple

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name Elias Marken Mother's Name Rebecca Gladden

Cause of Death: Primary Complication 161 — How long sick Three months

Immediate of diseases — Accident, Suicide, Homicide

OVER

Reported by James A. Grove

Address Wolfsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, Y8118

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate was received from James A. Lowe

of Wolfville N.S.

Name In Full Minnie Peach

Certificate of Death

Town: New Market — County: Frederick — MARYLAND

Died at New Market

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
9	12	19	57			Frd Co	Domestic

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~ — Number of children living 5

Husband / Wife of Thomas Peach

Father's Name Don't Know — Mother's Name Don't Know

Cause of Death — Primary: Paralysis — How long sick: Two days

Immediate — Accident, Suicide, Homicide

Reported by J. W. Downey MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Mary Elizabeth Pfoutzger

Died at Town: Myersville County: Frederick MARYLAND

Date 189 Month: 12 Day: 6 | Age Y.: 22. M.: 7. D.: 23 | Native of: Md. | Occupation: Housework

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living ~~—~~

~~Husband~~ Wife ~~of~~

Father's Name: David F. Pfoutzger | Mother's Name: Alberta Alexander

Cause of Death — Primary: Tuberculosis 22a | How long sick: 2 years

Immediate: Asthenia | ~~Accident, Suicide, Homicide~~

Reported by: Ralph Browning M.D

Address: Myersville Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Poole (Geo M)

Certificate of Death

Died at Town Frederick — County Fredk — MARYLAND

Date 189 9 Month 12 — Day 14

Age Y. 55 M. — D. —

Native of

Occupation Laborer

~~Male~~ ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death — Primary: Arteriosclerosis 42 — How long sick: 3 days

Immediate: Hemiplegia.

Accident, Suicide, Homicide

Reported by Ray P. Fahrney MD.

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

O. O. Early
Motorcycle
Dress —

Name in Full

Certificate of Death

Chas S. Reese

Died at Town: Frederick County: Frederick MARYLAND

Date 189 9 Month: Dec Day: 8 | Age Y. M. D. | Native of: Frederick | Occupation: —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living —

Husband / Wife of —

Father's Name: Wm. Reese

Mother's Name: Lizzie S. Thomas

Cause of Death — Primary: Malpresentation — How long sick: —

Immediate: Asphyxia 188

Accident, ~~Suicide, Homicide~~

Reported by Talbert MD

Address 17 S 2nd St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Frank Roberts — Certificate of Death

Died at Town Frederick County Frederick — MARYLAND

Date 189 Month 12 Day 16 | Age Y. x M. 9 D. 8 | Native of Frederick | Occupation x

Male — White — Married — Widow — Divorced

Female — Colored — Single — Widower — Number of children living

Husband / Wife of x x x x x

Father's Name Frank A. Roberts — Mother's Name Ida Roberts

Cause of Death: Primary Acute Meningitis 39a — How long sick 8 days

Immediate Cause: [illegible] — Accident, Suicide, Homicide

Reported by Wm. Hany Md.

Address 461 S. Market St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Interment at Government
Today
A Z Rev & Sen
F D

Name In Full

Certificate of Death

Adelaide Rosenstock

Died at Town Frederick County Frederick

MARYLAND

Date 1899 Month 12 Day 29 | Age Y. 78 M. 10 D. 23 | Native of Germany | Occupation ~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living Four

Husband Wife of Joseph. Rosenstock

Father's Name X | Mother's Name X

Cause of Death: Primary A. Indigestion 81 — How long sick one month

Immediate Heart Failure — Accident, Suicide, Homicide

Reported by Franklin Buchanan Quigley

Address Lecky — Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name In Full

Tom P Ross

Certificate of Death

Died at Town near Knoxville County Frederick Co MARYLAND

Date 1899 Month 12 Day 17 | Age Y. 35 M. D. | Native of Pa | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife Lilly Greene

Father's Name

Mother's Name

Cause of Death: Primary 22a

Immediate Consumption

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Dr Claggett

George Greene

Name In Full

Certificate of Death

Barbara E Shilling

Died at Town: Brunswick County: Frederick MARYLAND

Date 189 Month: 12 Day: 22 | Age Y. 63 M. 11 D. 25 | Native of no | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ Widow Widower Divorced | Number of children living 2

Husbend of Wife Hezekiah Shilling

Father's Neme E K Ball | Mother's Name Elizabeth Shelton

Cause of Death — Primary: Consumption — How long sick

Immediate: Exhaustion 22d — Accident, Suicide, Homicide

Reported by Dr Trail & Bro

Address

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Geo Hamm

Wheat

Copy from Chr Hintz

or In Law

Will

Name in Full Willie R. Lemmon — Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1895 Month 12 Day 7 | Age Y. x M. x D. 7 | Native of Frederick | Occupation x

Male ~~White~~ ~~Married~~ ~~Widowed~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of x x x x x x

Father's Name William Lemmon | Mother's Name Emma Lemmon

Cause of Death — Primary: Marasmus Intestinal — How long sick 2 days

Immediate: 161 — ~~Accident, Suicide, Homicide~~

Reported by W. H. Long

Address 45 S Market St Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66062

Name in Full

Eliza Swan

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 189 9 Month 12 Day 17 Age Y. 75 M. D. Native of Md Occupation house keeper

~~Male~~ Female ~~White~~ Colored Married Single Widow ~~Widower~~ ~~Divorced~~ Number of children living 0

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary Apoplexy 42 How long sick one week

Immediate

~~Accident, Suicide, Homicide~~

Reported by Dr Wm Swan

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, B5968

Name In Full

Albert Lorenzo Trigg

Certificate of Death

Died at Town: Brunswick County: Frederick MARYLAND

Date 1899 Month: 12 Day: 10 | Age Y: 20 M: 3 D: 5 | Native of W. Va | Occupation Fireman

~~Male~~ / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living one

~~Husband~~ / ~~Wife~~ of Maggie H. Cline

Father's Name Jeremiah Trigg | Mother's Name Eliza Trigg

Cause of Death: Primary 145d

Immediate Killed by cars B & O R.R. | How long sick | Accident, ~~Suicide, Homicide~~

Reported by G. H. Beatty Brunswick

Address Brunswick.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79B05

Received 12-11 99
1-30 PM

Name in Full: Jacob C. Woodroad — Certificate of Death

Died at: Town: Frederick — County: " — MARYLAND

Date 189 9 — Month: 12 — Day: 9 — Age: Y. 66 — M. 9 — D. 4 — Native of: Md — Occupation: Brick-layer

Male — ~~Female~~ — White — ~~Colored~~ — ~~Married~~ — ~~Single~~ — ~~Widow~~ — Widower — ~~Divorced~~ — Number of children living: 9

Husband / Wife of: Hannah Beaufelter (deceased)

Father's Name: X — Mother's Name: X

Cause of Death — Primary: Pneumonia 72 — How long sick: 6 weeks

Immediate: Chronic Interstitial Pneumonia — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Edwin. F. Goodlee. M.D.

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65965

Name in Full Jennie Johnson Certificate of Death

Died at Frederick Town Frederick County MARYLAND

Date 1899 Month Dec. Dey 27th Age Y. 46 M. 7 D. 17 Native of Maryland Occupation Domestic

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of
Wife

Father's Name Lewis Young Mother's Name Martha Little

Cause of Death: Primary Phthisis of Liver 92 How long sick Several years

Immediate Pathemia

~~Accident, Suicide, Homicide~~

Reported by S. V. Hoffman M.D.

Address Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full — Certificate of Death

Rebecca. Zacharias

Town: Frederick — County: Frederick — MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
12.	16	8.	3	v	U.S.	X

Date 1894 — Age

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ Single / ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living Two

Husband / Wife of X

86

Father's Name: Horace Zacharias — Mother's Name: Temple.

Cause of Death:
- Primary: Dph Krup. (Sur care 24 hours before death.) — How long sick: (8) Eight days
- Immediate: Cerebro-membranous Comp. — Accident, Suicide, Homicide

Reported by: Franklin Buchanan Smith

Address: Court Sq — Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 56960